

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Temporary Management: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

XX Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

     Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

STATE	<i>Texas</i>
DATE	AUG 15 1995
DATE	JAN 12 1996
DATE	JUL 01 1995
HCFA 111	<i>95-24</i>

A

TN No. *95-24*

Supersedes

TN No.

Approval Date

*JAN 12 1996*

Effective Date

*JUL 01 1995*

SUPERSEDES: NONE - NEW PAGE